

JUL 28 2005

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. (OMB 0451-0031)

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**Address to:
Commissioner of Patents
MAIL STOP RCE
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	Ioannis D. Keramidas
Filing Date	September 30, 2003
First Named Inventor	Ioannis D. Keramidas
Art Unit	3751
Examiner Name	Tuam NGUYEN
Attorney Docket Number	KERAMIDAS - 1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. [Submission required under 37 CFR 1.114]

- a. ☐ Previously submitted
 i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____.
 (Any unentered amendment(s) referred to above will be entered).
 ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 iii. ☐ Other _____
- b. ☒ Enclosed
 i. ☒ Amendment/Reply
 ii. ☐ Affidavit(s)/Declaration(s)
 iii. ☐ Information Disclosure Statement (IDS)
 iv. ☐ Other _____

2. [Miscellaneous]


- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months: Fee under 37 CFR 1.17(i) required)
 b. ☐ Other _____

3. [Fees] The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468.
 i. ☒ RCE fee required under 37 CFR 1.17(e)
 ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
 iii. ☐ Other _____
 b. ☐ Check in the amount of \$_____ enclosed
 c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	William C. Collard	Registration No. (Attorney/Agent)	38,411	(Customer No. 25889)
Signature		Date	July 28, 2005	

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being sent by facsimile transmission to the U.S.P.T.O. to Patent Examiner T. NGUYEN at Group No. 3751, to 1-571-273-8300 on July 28 2005.



PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10674717

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20= *	✓
INDEPENDENT CLAIMS	3 minus 3 = *	✓
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	375

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

7-28-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 12	Minus ** 20	= 0
Independent	* 4	Minus *** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	100
+140=	
TOTAL ADDIT. FEE	100

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.